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Bernadette Di Toro

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Feeling fatigued? Take Prozac.
Feeling as though you've lost your enthusiasm or direction?
Take Paxil or Zoloft, especially if Prozac hasn't worked.
Feeling trapped in an abusive relationship? Take Effexor, Luvox, or Lithium.
Feeling a little nervous? Take Xanax, Klonopin, or Ativan.
Having trouble disciplining your child? Give the child Ritalin, or Dexedrine, or Adderall.
Having trouble focusing on work that bores you? Try Ritalin for yourself.
Having ups and downs of any kind? Take any number of psychiatric drugs. [1]

The above quote is not merely an exaggeration of the currently available variety of psychiatric drugs. Today, there is a drug for almost any ailment, from the alleviation of a headache, to the headache of an unwanted pregnancy. Drugs are also prescribed to treat any adverse feelings that a person might experience from a so-called physical or emotional "problem". Drugs have become a major market and they are the leading force behind biomedical research today. Prescription drugs are a staple in American culture, so much so that the issue of prescription drugs has been the major issue in this year's race for the presidency. Americans now believe that as Americans they have the right to inexpensive prescription drugs. People seem to believe that prescription drugs, and in particular, psychiatric drugs, are the only cure for all of the illnesses they assume are afflicting them. Why do they believe this is so? Because the drug companies tell them so and people believe them. They have come to trust the media and believe in a notion of science that unfortunately may not exist.

The biomedical paradigm may be inadequate, narrow, misleading and quite possibly a socially constructed illusion dependent on an economic market driven by claims of scientific authority. The process by which mental illness is defined may be best approached from a psychosocial perspective and not solely on medical authority. George Engel suggests an example of the problem of definition as it pertains to mental illness. He states, " Are the fatigue and weakness of the woman who recently lost

her husband conversion symptoms, pyschophsyiologic reactions, manifestations of a somatic disorder or a combination of these?" [2] He makes the statement that there is a distinction between that which is thought to be psychological, psychiatric, and social, and Engel argues that a person who seeks the advice of a medical doctor should have confidence that the physician has obtained the appropriate knowledge "to make such a differentiation" in diagnosis. Research under the biomedical paradigm insists that all behavior, including emotional responses to situation and/or physiological conditions, is related to biochemical disorders or imbalances in the brain. Under this paradigm, drugs have been created that are available for a number of self-decreed states of being and states of mal-being for doctors to prescribe after diagnose.

According to the biomedical paradigm, all mental illness can be attributed to organic dysfunction within the brain. Human behavior is considered the result of culminating actions within the brain, specifically, chemical reactions. The biomedical paradigm of mental illness insists that chemical events within the brain are responsible for all thoughts, behaviors, emotions, and human motivation. Behavior and mood disorders are thought to occur in part from chemical imbalances in the brain. Drugs have been developed and continue to be developed to treat such chemical imbalances. The use of neurotropic drugs is still very much a new area of research and most of the public is unaware of the origins and the real effects of these "discoveries." These drugs are based on a scientific theory of how the mind/brain functions which is refutable and must be explored through many paradigms before we may, if ever at all, understand the brain and human behavior. Doctors are less likely to consider the nuances of an emotional (behavioral) state based on the availability of a corresponding drug that claims to alter such a feeling.

The history of the development of scientific authority is necessary in order to gain an understanding of how the present biomedical paradigm evolved. Other perspectives of how the mind works and contributors to the development of mental illness, most notably, Sigmund Freud, greatly influenced the study of the mind and mental illness. Currently, medical science has asserted itself as the branch of science that holds the key to understanding the brain through genetic research and molecular biology. Careful research into the history of the development of pharmacological therapies reveals the serendipitous creation of many of the drugs marketed today. Included in this history are the political and economic dynamics that employ scientists, motivate drug research, and create further diagnoses for an already over standardized, over generalized, medical model of behavior.

The Limitations of the Biomedical Paradigm

There currently exists a problem within the field of mental health, though many experts would refuse to acknowledge the dilemma. The biomedical model of mental illness suggests that any deviation from the norm (as usually defined by society and diagnosed by "experts" in the medical field) is directly related to some specific or-

ganic dysfunction within the brain (Engel 1986). The result of the research and development of psychiatric drugs under this paradigm means that any deviation from social norms, or accepted normal behavior, is a result of the brain's dysfunction, which neglects psychological, sociological, and cultural influences on an individual's behavior. Thus, all mental "illness" becomes "treatable" by brain-altering psychiatric drugs.

George Engel proposes that "psychiatry's crisis revolves around the question of whether categories of human distress with which it is concerned are properly considered 'disease' as currently conceptualized and whether exercise of the traditional authority of the physician is appropriate for their helping functions."[3] He thinks that there exists a problem logically inherent in medicine in that it defines "disease" in terms of somatic or physical parameters, and doctors are not concerned with psychosocial issues. Historically, there was a distinction made between human behavior and human thought, emotion, and motivation. The latter was attributed to some psychic phenomena, and not necessarily a product of brain function.

The federal government declared the years 1990 to 2000 to be, "The Decade of the Brain." D. Allen Bromley, the Director of the Office of Science and Technology Policy, states that "we have learned more about the brain and nervous system during the last 10 years than throughout all of history..." He asserts that this has been made possible through the "technological revolution occurring in the brain sciences, including the development of powerful microscopes and sophisticated brain imaging devices, new and better animal models, and major advances in the study of genetics."[4] This does sound exciting. However, what we knew about the brain and nervous system prior to ten years ago was relatively unchanged for decades. It has only been within the last ten years that areas of research have developed to study the mechanisms of the brain because of the availability of the aforementioned imaging technology. Even with all of this scientific and technological advancement, brain and behavioral sciences remain a mystery and investigation is still highly experimental. This is especially the case with regard to understanding the brain's chemistry and the use of neuroleptic drugs. According to the biomedical paradigm, the definition of mental illness is understandable through the natural sciences and therefore becomes tangibly treated.

Two Opposing Models of Behavior: The Mind/Brain Problem

Historically, neurologists dealt with cases of disease, injury, and dysfunction as they related to the brain and affected human behavior. The latter distinction between unexplainable behaviors not perceived as directly related to an organic insult or predisposition in the brain led to the evolution of the field of psychiatry. Originally, psychiatrists were designated to be concerned with the psychosocial issues that their patients were affected by. Psychiatrists could implement behavioral therapies to patients mostly based on theories of behaviorism. For a long time, and in the minds of many people today, psychiatry was kept out of the field of medicine.

The mind/brain problem is defined as one that discusses functions of the brain in a dualistic way. The development of areas of study such as cognitive science and cognitive psychology explore the "mind," while neuroscience attempts to understand physiologic and chemical functions of the brain. In reference to the mind/brain problem, sociologist Lester Ward, in *The Psychic Factors of Civilization*, proposes that any "property involves mystery." He uses the following example: "Why the peculiar molecular constitution and arrangement of glycerine should render that substance sweet, or of quinine should render that bitter is as mysterious as that the molecular constitution and arrangement of protoplasm should impart to that substance vital properties, or as that of the organization (and constituent matter?) of the brain should give it the capacity "to know." [5]

Ideally, human behavior would be better understood if all fields of inquiry contributed to the understanding of the mind/brain. Many psychologists and few psychiatrists believe in an alternative approach to understanding human behavior. This approach involves the recognition that behavior can be understood and must be understood within a social, familial, and cultural context, and that people have control, if they gain awareness of their situation and behavior, to take responsibility for their behavior to some degree. Dr. Peter R. Breggin suggests that questions like, "Where do we go when life seems unendurable and we have little or no hope left? What are our ultimate resources in life – the places and persons to whom we turn for help, direction and inspiration?" (P 9) may be a better place for people to begin than to immediately turn to their physicians in search of a prescriptive "cure."

Philosophy and Science:
The Development of Scientific Authority

Humans have been studying their own behavior for centuries. The early concepts of how humans thought, felt, and acted were not originally conceived from a physiological explanation. Different cultures throughout human history have created all kinds of imaginative stories to explain behavior. Before there was what we now consider methodological science, there were people making observations about the way people acted and wondering why. Philosophy can be thought of as the fundamental discipline from which all other academic disciplines have developed.

Though philosophy still exists as an academic discipline within universities today, the authority of science is considered superior, more specifically, the "hard" sciences such as biology, chemistry, and physics, reign as the supreme "true" sciences. It can be heard within the corridors and behind closed doors within academic departments in universities that the obvious distinction between Science and the Art, Humanities, and Social Science departments, is that only the "hard" sciences are true science. All those that are seeking "real" answers to the world in which we live in can only succeed with any kind of certainty if the methods of science are implemented and enforced. The "hard" sciences are thought to be superior to the social sciences in that some level of objectivity is believed to be inherent in the deduced conclusions based

on the scientific method. Brunner suggests "it was the separation of the pathological from the normal that allowed psychiatry to claim its academic independence from philosophy, and enable it to establish a regime of scientific truth of its own." [6]

Science is a social process. It is influenced by technology, the economy, and politics. Science is concerned with what can be "known" using standard methods of inquiry that can be repeated. Science must be self-correcting, refutable, and always evolving. A non-scientific method is considered to be one based on the word of someone else or on authority. It may be the case that in the perceived superiority of science today, there lies an illusion that is created by the scientific community, in that they may not see that much of what is considered science becomes truth by the power of authority. This authority relies most stringently on the scientific method. In academic psychology, for example, statistics are an intricate part of this method used to manipulate and display data. Statistics are the golden crown that rests upon the heads of today's experimental psychologists allowing them to advance under the guise of hard scientific truths. Reality forces a different case. The intricate phenomena that is behavior is rarely captured with a standardized measure between one human to the next. It is a wonderful idea optimistically, however, if it were simply as it seems, the brain might have understood itself by now. A paradigm may have authority and drive all research leaving no room for research in other areas, potentially exposing the possible fallacy of that particular paradigm. This can be especially distorting when scientists work under a paradigm that has become a dogma.

It makes little sense to find fault in "science" as a social entity, and a greater sense to see that both academic science and society are made up of individuals who like it or not lapse from reason much more often then they would like to believe. People operate as human beings first. According to Gary Gutting in his book, *Paradigms and Revolutions*, "science is the only generally recognized cognitive authority in the world today." [7] Thomas Kuhn, a philosopher of the nineteenth century, was one of several who attempted to explain the structure of scientific revolutions. Kuhn posits that "science's authority ultimately resides not in the rule-governed method of inquiry whereby scientific results are obtained but in the scientific community that obtains the results"(Gutting). Kuhn believes that scientific theory is developed based on a preexisting paradigm, which is already established and accepted by a scientific community. He thinks that scientific revolutions usually occur outside of the realm of 'normal science' and can create a new paradigm under which new research is performed. Karl Popper, another philosopher of science and a critic of Kuhn suggested that [science] is... a long step from the rejection of psychological idiosyncrasies of an individual to the rejection of common elements induced by nurture in the psychological make-up of the licensed membership of the scientific community."

It may be the case that the above is directly related to the illusion that is created by the scientific community, that it *is* made up of *individuals* with "personal idiosyncrasies, prejudices and whims." [8] Even though rules are formulated, and methods developed, science is not free from subjective influence. Nor is science free from social

influences or understood aside from social, political, and economic context. Robert Merton wrote on the sociology of science, and based his theory on the idea that there was "a sharp distinction between science as a cognitive system and science as a social system" (Gutting, 9). "Discoveries" made by a community of scientists working within the fields of the brain and behavior under the biomedical paradigm originally acknowledged the therapeutic effects of neuroleptic drugs serendipitously. Drugs used in the 1960s, for example, "had been discovered largely by accident." [9]

Neurology, Psychology and Psychiatry
Sigmund Freud and the Beginning of Psychotherapy

The distinction of pathology as it pertains to the mind, or mental illness, has undergone numerous definitions throughout the centuries. "Normal" becomes the defining point and the beginning of the diagnosis and treatment of those deemed either healthy or mentally ill. This concept of normalcy is so laden with sociological affections and implications that it must be understood as such. "The presupposition of such a clearly demarcated boundary (between normal and abnormal) formed that cornerstone of the European paradigm of psychiatry" (Brunner, 32).

Psychology seems to have taken a back seat to fields of inquiry such as neuroscience and biochemistry in understanding mental health and illness. In Jose Brunner's book, *Freud and the Politics of Psychoanalysis*, he discusses the development of psychoanalysis within a historical context. He uses the word 'politics' to "denote the role that extraneous factors such as class, money, education and professional status play in the origins and constitution of the clinical setting of psychoanalysis" (Brunner, 1995:xi). It seems that several factors influence the decline in academic popularity of psychology. Research requires money to employ assistants and researchers. Economic dynamics and political influences greatly affect this decline.

Mental disease was originally associated with race or ethnicity. The paradigm of neurosis, for example, before Freud, was that of degeneracy. The concept of 'mental degeneracy' introduced by Benedict-Augustin Morel was considered to be "degeneracy which constituted a long-term effect of modernity – especially urbanization and industrialization – whose vices, pressures, demands, speed and noise were said to impose an inordinate burden on the nervous system, lead to fatigue and brought people to seek consolidation in drink, sexual perversion or crime" (Brunner, 1995: 5). This "decadence" was thought to be passed through heredity from one generation to the next.

One of the earliest documented cases of mental disorders was hysteria. This disorder has been described by Paul Briguet as "neurosis of the brain, the manifestation of it consisting chiefly in a perturbation of those vital acts which are concerned with the expression of emotion and passion." This disturbance called hysteria was thought by many American doctors to be the result of overwork and others believed (both in Europe and the United States) that "debauchery and decadence could gain a biological momentum and produce people devoid of moral sense (Brunner, 1995: 6). Though presently claims have been made that scientists have been able to understand the

organic mechanisms of emotion and passion within the brain, these claims are speculative and unsubstantiated.

Sigmund Freud entered the scene and proposed that perhaps there existed a hereditary predisposition for neurosis. Freud blamed the illness on the strict rigidity of the culture or society that people lived in. He believed that individuals' desires were in severe conflict with what *should* be done or what behavior was expected according to societal demands. He didn't believe that hysterics were lacking morals and ethical standards or that they were more likely to be corruptible. He understood neurosis as "taking refuge in an illness." Critics of his model of neurosis have written extensively on Freud's writing, some have criticized it positively, others negatively; and there are those who have critiqued the misinterpretations of the translations of his work. Regardless of the rhetoric, Sigmund Freud was the beginning of what is today called psychotherapy.

Freud's theory of civilization is based on the idea that people sublimate their instincts and that through this process society is an achievable or functioning possibility. This seems to be appropriate to what is happening within the medical sciences and the pharmaceutical industry. He suggests that an instinct which has been inhibited from acting in the form of some behavior as a result of the social pressure of modern culture attempts to find an indirect expression and, when successful in discovering an outlet in harmony with the demands of social opinion, is said to be sublimated. Thus, a conflict arises between what individuals want and what society demands they "should" do.

The pressure from the social environment demands that the individual do what is best for the group as a whole. Thus, Freud, the medical doctor, took on a perspective of a social scientist.

According to Brunner, psychiatrists "obsessed themselves with perfection of laboratory techniques, clinical classification and description without developing adequate therapeutic measures." Thus, Freud's psychosocial approach to mental illness appeared to endanger "the progress of German speaking science of the nervous diseases." [10] However, because Freud's training was originally in neurology "and much of his thinking derived from the evolutionary biology and anthropology of the nineteenth century,"[11] he meant to synthesize both his medical knowledge with his understanding of society and psychology. Roland Littlewood, in his article *Science, Shamanism and Hermeneutics, Recent Writings on Psychoanalysis,* suggests that Freud's contribution was to expand current evolutionary biology's view of mental illness and "add a developmental theory of mental illness." This may be necessary in understanding, in part, why most of academic psychology today is experimental, behavioristic, and generalistic. The use of statistics and strict experimental methods may be psychologists' attempts to gain some state of authority or recognition as a science by natural/biological scientists. The evolution from the biological sciences to the social sciences seems to be one of understanding what is "natural" to what is "normal."

The Authority of Medicine

American society relies greatly on the authority of science. We look to science as the means to challenge and better our conventional wisdom and propel our culture always toward greater human advancement. People have become reliant on the opinions of "experts," namely scientists. These "experts'" opinions, however, may have a devastating effect on the health of people, if in fact mental illness is defined solely within the biomedical paradigm of the brain and behavior.

Medical doctors fit into the realm of revered experts. Many people rely on their doctor's opinion unquestionably. Research suggests that people may feel intimidated by asking questions of their doctors, even when they have concerns about their health or do not fully understand what their doctors are speaking about. Medical sociologists have supported this claim in studies that suggest that people are not likely to question the authority of their doctors because they may feel intimidated by them. It is my contention that people rely on the "expert" opinions of scientists and the recommendations of medical doctors because they are searching for immediate answers or perhaps avoid having to think for themselves. Doctors, as experts in their field become conduits for the propagation of a drug mentality. The right to prescribe drugs is the great separator between medical doctors and other scientists – the psychiatrists from the psychologists.

The media is the primary forum in our culture for bombarding laymen with the latest scientific claims, and extols the latest "discoveries" by scientists, based on the latest scientific research. Products are marketed claiming to have scientific endorsements. As society becomes more and more cluttered with massive amounts of information and technology enables the mega transmission of all of this information, people depend more on the "expert" information from professionals within a particular field of interest, rather than accurate knowledge regarding a particular matter. Medical doctors are not only revered as infallible, they play an important role in drug propaganda.

People make decisions all of the time based on nothing more than beliefs under the façade of claims by the authority of science. Is science more than just a belief system or another offered religion? All kinds of investments are made in the name of science. Issues of ethics can never be considered something outside of science, because science becomes a social construction and in that, a business. Much of the power of authority of science depends on the faith and reverence of the public, and the power of the public is its money. The drug industry, for example, is a multibillion dollar business that funds millions of dollars every year in the name of "science." Even the Federal Government grants are funded so that the outcomes will be economically rewarding. Science, in turn, becomes a world steeped in social, political, and economic variables that interact dynamically in the development of scientific authority.

Under the authority of science, the biomedical model of behavior is at least a puzzling one. Its origin and expedient implementation through the drug industry suggests that politics, economics, and academic quality may be in need of inspection and reformation. The facts about what we actually know about the brain are fairly easy to sum up: overall – not much. Similar to the use of electric shock treatments for the mentally ill, we have developed drugs that affect the brain's chemistry in some way that we are still guessing about.

"We have limited knowledge about how a few chemical messengers work (neurotransmitters) but little or no idea as to how they combine to produce brain functions" (Breggin, 1999: 5). However, most psychiatrists, psychologists, and neurologists will acknowledge that they absolutely affect the brain and some may even realize that drug effects may not be positive or even a productive way to induce changes in behavior.

Has science created needs for people that do not actually exist? Medical doctors rely on the use of drugs in order to treat their patients. More recently, however, the availability of certain drugs creates labels for emotional feelings and moods that can be diagnosed as "disorders." The pharmaceutical market is filled with a variety of new medicines. These medicines are advertised to the general public, just as cigarettes, alcohol, and shaving cream are advertised. Drug representatives are recruited and sent out to market door-to-door the latest drugs to doctors in their offices (average beginning drug-rep salaries ~ $ 50-60K/yr + all expenses). Medical doctors can receive incentives such as golf outings, vacations, and other fine perks if they prescribe certain brands of prescription drugs.

The first step in the process of treatment is to diagnose a patient. The importance of diagnosis is today more complex because of the influence of HMOs in the health care system. In most cases, if doctors cannot provide a diagnosis code, they will not receive payment. This puts tremendous pressure on medical doctors to diagnose quickly or they may not get the reimbursement from health care companies they think they are entitled. Psychiatrists often diagnose patients, even before they have a definitive understanding of the patient's problem. Multiple diagnosis codes assigned to a patient leads to higher payment for doctors. As more drugs become available to treat specific problems, which are usually reported subjectively by patients, diagnosis code availability broadens.

Perhaps it is the availability of these drugs that encourages doctors to assign a diagnosis that may be based on only one or two symptoms reported by the patient and not on an accurate diagnosis of the patient's problem. "Psychiatric diagnosis has become so widespread that is almost impossible to mention any kind of 'feeling' to a medical doctor without being assigned a psychiatric label and prescribed the latest psychiatric drug" (Breggin, 5). This has created a phenomenon within the field of psychology in which psychotherapy is no longer viewed by most medical doctors as anything other than unnecessary advice, with little more influence on the health of patients than a placebo effect.

The Development of Psychopharmacological Therapies

The medical model of behavior, where human behavior is controlled by neurophysiological and neurochemical functions, has led to the development of the drug industry. The biomedical model of disease, "assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables."[12] According to Engel, this model is reductionistic and, "assumes that the language of chemistry and physics will ultimately suffice to explain biological phenomena." The supporters of this model (physicians mainly) have been active in announcing their beliefs that psychosocial influences should be kept outside of the realm of medicine; they should deal only with the "organic elements of disease" (Engels, 129). Psychiatrists presently believe this biomedical model of disease which equates all abnormal behavior, negative (unwanted, uncomfortable) emotional states, all cognitive decline and the most popular of mental disorders today – depression, as a fundamental organic problem within the brain.

Recently, David Satchel, the Surgeon General, released his first report on mental health and mental illness. In his report, the history of psychopharmacological therapies is discussed. This process of drug development is known as "rational drug design," which is the process by which researchers manipulate chemical structures to affect the chemicals in the brain. "Many of the older pharmacotherapies that had been introduced by 1960 had been discovered largely by accident." [13] The Surgeon General's report admits that the "past generation of drugs were introduced on the market long before their mechanism of action was understood." It is still the case today. Drug companies discuss their latest drug research in terms of more selective drugs, or drugs that are specifically designed to target particular mechanisms in the brain, however, knowledge of the brain is so incomplete, that these trials remain only experimental.

There is a fascinating phenomenon today; people can now enter their physician's office and request by name a drug that they think will alleviate their mental or emotional pain. This has become the case due to television and magazine ads to promote psychotropic/neuroleptic drugs for the "treatment" of "disorders" such as social anxiety (feelings of uneasiness and embarrassment). Many people, including doctors, may not realize that they are putting their faith in drug company marketing. The politics are simplistic: drugs are expensive, drugs need good marketing, people are told they need drugs, people buy drugs, drugs make money, money is needed to drive research, doctors are rewarded for prescribing drugs by drug companies.

Patients are unaware that they are really just subjects participating in after market drug trials and that their faith in the FDA is blind. The popularity of drugs such as Prozac (an "anti"-depressant drug) is not surprising, considering the popularity of alcohol, smoking, and illegal drug use. Many people turn to intoxicating substances in one form or another when they are experiencing emotional discomfort and pain. People who feel better on these intoxicating substances "feel better when their brain is impaired, psychiatric drugs are no different" (Breggin, 2). Although the Surgeon

General's report on Mental Health and Mental Illness includes a discussion about the importance of psychological and sociological factors on mental health/illness, the biological factor is the dominant theme of the report and seems to be the prevailing authority throughout academic environments.

The Pest of Depression: *Poor Citizenship and Social Anxiety*

It is the 21st century, the age of technological explosion and refinement, of gluttony and massive materialism, of decadence, "cures," and quick fixes. It is a time when most of what is desired has a price and the pursuit to exterminate or at least intoxicate against pain and suffering supercedes. Forethought, responsibility, and consequence seem to be antiquated phenomena. Popular attitudes reflect ideas that we should live for today, use our resources while we can, and if we do not choose to be aware or conscious about the outcome of such gluttony, it will not matter to the individual. Ignorance is bliss and there is nothing better than not having to take responsibility for individual actions. Although, action is a word that usually implies "will" on some level and perhaps is too strong a word. There are problems when individuals do not think for themselves, when they don't believe that they have a sense of self that can exist aside from socially dictated norms. Are people victims affected by a society that profits at their own expense?

If people are listening to what they are told by society, then are they being told what to feel? The popularity of depression, for example, has risen with the availability of drugs to "treat" these feelings. Which comes first – do people think that they have problems ("illnesses") and look for treatment? Or does society offer the cure and the diagnoses are socially generated? Society may be responsible for the creation of the illness *and* providing the "cure." Not many people like to feel "bad," however, what is feeling "bad" other than what society defines it as? For example, ads marketing drugs for social anxiety asks, "Do you feel nervous in social situations? Do you wish meeting new people wasn't such a painful experience?" – well, pop this pill, which generates numerous kinds of phobias that are classified as neurotic, or abnormal and dysfunctional.

Everyone who doesn't fit society's description of functional can now be "treated." And who defines what is functional versus dysfunctional? In large part it is the scientific community and especially medical doctors. And what more efficient and lucrative way to "treat" people then to have them entering their doctors' offices with the brand name of the drug they know would make them "better" on the tip of their tongues. There exists a dysfunctional dependence on authority. Who is controlling whom?

Indeed it is not the case that the biomedical paradigm has run its course. By no means is this so. However, the behavioral sciences are in desperate need of a shift in perspective. The ways humans think, act, and most relevant, feel, should be continually explored through academic research. Social scientists and natural scientists need

to relate relevant research and enjoy the pursuit of inquiry for reasons of curiosity and inquisitiveness. The exploration is not over, but the reality of research today is that it requires money. Drug companies have enormous revenue to distribute to interested research candidates; it is no wonder this paradigm has gain such momentum.

It is ignorant to think that self-interest doesn't play a role in the academic lives of scientists. When scientists venture to obtain grants to satisfy their research ideas, they act according to their own self-interested research ideas (ideally). Scientists also act self-interested in their desire to make "discoveries," to attach their name to a professional journal, or to be called upon by the public as an "expert" in their field of inquiry.

If the message from society is that feeling a particular way is negative, or that there is such a thing as social anxiety and it is a "disorder" that should be treated with a drug, then the public is getting very disturbing messages. The pressures to conform are becoming increasingly stifling and are indirectly and powerfully controlled by the Food and Drug Administration (the Federal Government) and the economic interests of those who announce and market "legal" drugs propelled by faith in the scientific community. It is an illusion marketed to the public that we actually understand exactly how psychiatric drugs are interacting in the brain and how they influence specific behaviors. Drug research is still highly experimental, although it is presented under the canopy of tested and proven science. Rationality may or may not lead to an understanding of the human brain and behavior. Are we surrendering our lives in the name of science and society?

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